



APPLICATION FOR MEDICAL MARIJUANA BUSINESS LICENSE

(Please Print All Information – Incomplete Applications Will Not Be Accepted)

- (1) Applicant's Name (Legal Ownership Structure): _____
- (2) Business Name (DBA): _____ Business Phone: (_____) _____
- (3) Applicant/ Business Email: _____
- (4) Business Site Address: _____
- (5) Date Business Proposes to Open: _____
- (6) Days & Times Premises Are Open For Inspection: _____
- (7) Proposed Use (Select One Only):
Note: You must submit a separate application for each marijuana business. Applicants are limited to two license categories per MCRSA regulations. See Appendix A for the following license combinations.
- | | | |
|------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Marijuana Dispensary | <input type="checkbox"/> Laboratory Testing | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Cultivation Facility | <input type="checkbox"/> Marijuana Delivery | |
| <input type="checkbox"/> Distribution Facility | <input type="checkbox"/> Manufacturing Facility | |
- (8) Community Relations Liaison Name: _____
- Community Relations Liaison Phone Number: _____
- Community Relations Liaison Email: _____
- (9) Type of Organization:
- | | | | |
|--------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual | <input type="checkbox"/> Unincorporated Association or Club |
| <input type="checkbox"/> Trust | <input type="checkbox"/> LLC | <input type="checkbox"/> Other, explain: _____ | |

OFFICE USE ONLY

☐ Building ☐ Fire ☐ Health (Check Inspecting Department) Date Received: _____

☐ Building/Location meets Department Requirements for the proposed use.

☐ Building/Location meets Department Requirements for the proposed use subject to the following conditions:

☐ Building/Location does not meet Department requirements for the proposed use.

Inspection Completed On (date): _____ By: _____

POLICE DEPARTMENT

☐ Police Department finds no basis for denial ☐ Police Department finds basis for denial

☐ Police Department finds no basis for denial with conditions

Conditions or Basis for Denial: _____

By: _____ Title: _____ Date: _____

GENERAL INFORMATION (All Applicants)

- (10) If the applicant is incorporated, attach to this application copies, certified by the Secretary of State, of the Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information, By Laws, Restated Articles of Incorporation, and the most recent Annual Report of Officers and Directors.
- (11) If the applicant is an unincorporated association and filed a Statement By Unincorporated Association with the Secretary of State, attach copies, certified by the Secretary of State, of each Statement by Unincorporated Association, Registration of Unincorporated Nonprofit Association, and original & amended Articles of Association to this application.
- (12) If the applicant is an informal unincorporated association, provide copies of the fully executed Articles of Association (AKA Charter or Constitution).
- (13) Fictitious business names or dba's used: _____
- (14) Place and date of filing of fictitious business name statement: _____
- (15) Names and address of all agents and employees authorized to negotiate or otherwise represent individual in connection with any transaction with the City of Long Beach:

- (16) Name and address of person (agent) authorized to accept service of process in California:

- (17) State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which it is held, and expiration date thereof:

- (18) Has the Medical Marijuana Business License applicant previously operated in this City or any other county, city, or state under a similar license or permit?
- a. If "Yes," provide the license/permit issuing city, county, state, and the license and/or permit identification number(s):

- b. Please confirm whether any of these previously issued licenses or permits were revoked or suspended, and the reason(s) why:

- (19) Has any owner, business manager, member, or employee ever been denied a medical marijuana business license in the City of Long Beach or had a licensed suspended or revoked?
- a. If "Yes," what was the license account number? _____
- b. If "Yes," what was the date the license was suspended/revoked? _____
- (20) Has any owner or business manager ever been convicted of a felony? ☐ Yes ☐ No
- (21) For each Management Employee convicted of a crime or currently on probation or parole as set forth in Item No. (20) above, attach with this application the first and last name of the Management Employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.
- (22) If the applicant owns the property listed in Item No. (4) of the application, enter date of purchase: _____

GENERAL INFORMATION (All Applicants)

- (23) If the applicant rents, leases, or is in the process of leasing the property listed in Item No. (4), check the boxes below to verify that the applicant may operate the proposed Medical Marijuana Business at that location.

- ☐ Attached is a copy of proof of ownership or a copy of a lease
- ☐ Attached is an original fully executed Letter of Authorization, found on Pages 15 and 16 of the application, for each owner, landlord, and leasing agent of the property listed in Item No. (4) of the application (If the property is not owned or leased by the Applicant).

NOTE: If the property is owned, rented, or leased by more than one person, a separate authorization form must be submitted for each owner, landlord, and leasing agent or equivalent.

- (24) Does the applicant have a CA Seller's Permit issued by the California State Board of Equalization for the location identified in Item No. (4) of this application? ☐ Yes ☐ No

- a. If "Yes," enter the CA Seller's Permit identification number, and attach a legible copy of the CA Seller's Permit to this application: _____

- (25) Describe the proposed use for each interior/exterior room/area at the address listed in Item No. (4) of the application: (Attach additional pages to the application if necessary)

- (26) Attach photographs accurately depicting the entire interior and exterior of the proposed site(s), including entrance(s), street frontage(s), parking, front, rear and sides of the proposed site.

- (27) Is this application for a priority location? (You may only choose one application to be a priority location) Yes ☐ No ☐

- (28) Does the applicant have a proposed satellite cultivation site in Long Beach? ☐ Yes ☐ No

- a. If "Yes," please be advised that a separate medical marijuana business license application is required for a proposed satellite cultivation site. The application period for non-dispensaries is TBD.

- (29) Will edible marijuana products, defined in LBMC Section 5.90, be prepared at the site listed in Item No. (4) of this application?

- a. If "Yes," describe the type of products, and attach a menu and price list to this application (Attach additional pages if necessary)

- (30) Will security guards be provided? ☐ Yes ☐ No

- a. If "Yes," how many security guards? _____

- (31) Is any other type of security provided? ☐ Yes ☐ No

- a. If "Yes," describe the type of security: _____

GENERAL INFORMATION (All Applicants)

- (32) Days and hours security officers or other security will be provided (filled out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of							
Security							

- (33) Provide the name, address, telephone number, business license account number, and PPO number of the security company that will be used. NOTE: A copy of the security guards' CA state license must be maintained on file at the business at all times.

- (34) Will an alarm monitoring company be used?

a. If "Yes," provide the name, address, and telephone number of the alarm monitoring company:

- (35) Provide a list of all members with access to the surveillance camera system to be used (Attach additional pages if necessary):

- (36) Provide a detailed description of the security plan for the proposed business (Attach additional pages if necessary):

- (37) Establishment hours of operation (fill out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

- (38) Attach a map of any surrounding businesses and/or residences within approximately 300 feet. Distance does not have to be exact. Google and Bing maps are acceptable. Satellite view preferred.

GENERAL INFORMATION (All Applicants)

- (39) Provide a detailed description of the business plan to dispose of any medical marijuana or product that is not sold to a patient or caregiver in a manner that protects it from being ingested by an animal or person (Attach additional sheets if necessary):
-
-
-
-
- (40) Provide a detailed description of the ventilation systems used in the marijuana business including but not limited to how the ventilation systems prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process (Attach additional sheets if necessary):
-
-
-
-
- (41) Please provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used in your business process. (Attach additional sheets if necessary):
-
-
-
-
- (42) Provide a detailed description of the POS software the business will be using to track inventory and/ or sales of marijuana (Attach additional sheets if necessary):
-
-
-
-
- (43) What is the projected daily average and peak electric load anticipated to be used by the business and what are the necessary upgrades (if any) to be performed in order to fulfill the needs of the electric load?
-
-
-
-
- (44) ☐ Attached to this application is a fully legible copy of a valid government issued form of identification for each Medical Marijuana Business License applicant owner and business manager. Please note that acceptable forms of government issued identification include, but are not limited to: Driver's licenses or photo identity cards issued by the Department of Motor Vehicles that meet REAL ID benchmarks, a passport issued by the United States or by a foreign government, U.S. Military I.D. cards (active duty or retired military and their dependents), or a Permanent Resident Card.

GENERAL INFORMATION (Cont.)

PLEASE PROVIDE CONTACT INFORMATION FOR ALL BUSINESS MANAGERS IF OTHER THAN THE BUSINESS OWNER AND ALL EMPLOYEES WHO ACT WITH MANAGERIAL AUTHORITY

BUSINESS MANAGER

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

BUSINESS MANAGER

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

BUSINESS MANAGER

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

***Please attach additional sheets if necessary**

GENERAL OPERATING CONDITIONS

PLEASE FILL OUT THE SECTION THAT APPLIES TO YOUR BUSINESS TYPE ONLY

MARIJUANA DISPENSARY

1. Will you be operating both a dispensary and a cultivation ☐ YES ☐ NO site?
 - a. If yes, is the cultivation site on-site or off-site? ☐ On-Site ☐ Off-Site
2. Will you be offering home delivery services from the medical marijuana dispensary? ☐ YES ☐ NO
3. Which State MCRSA License will you be applying for? (Check all that apply)
☐ MCRSA Type 10: General Dispensary
☐ MCRSA Type 10A: Specialty Dispensary (No more than 3 retail sites)

***please see Appendix B for MCRSA license categories and descriptions**

CULTIVATION FACILITY

1. Which State MCRSA License will you be applying for? (Check all that apply)
☐ MCRSA Type 1A: Specialty Indoor Cultivation
☐ MCRSA Type 2A: Small Indoor Cultivation
☐ MCRSA Type 3A: Indoor Cultivation
☐ MCRSA Type 4: Nursery
2. What is the square footage of cultivation canopy measured by the aggregate area of vegetative growth of live marijuana plants on the premises? (this includes both horizontal and vertical canopy area)

_____ Square Feet

***please see Appendix B for MCRSA license categories and descriptions**

MANUFACTURING FACILITY

1. Which State MCRSA license will you be applying for? ☐ Type 6 ☐ Type 7 ☐ Both

***please see Appendix B for MCRSA license categories and descriptions**

TRANSPORTATION/ DELIVERY

Copies of the following will need to be on file at the business and in employee personnel files if delivery and/or transportation is taking place:

1. CA DL for each employee delivering/transporting marijuana products
2. Copy of Insurance for each vehicle used for delivery/transportation
3. Copy of Vehicle Registration for each vehicle used for delivery/transportation

LABORATORY TESTING

Provide 1 copy of the CA Department of Public Health Registration/Certification for the testing laboratory

GENERAL INFORMATION (Cont.)

CERTIFICATION OF EMPLOYMENT PRACTICES

I, _____, certify that the business will not employ any person with any
(Name of Business/Owner listed in Item No. (1) of the application)
type of violent or serious felony conviction as specified in Section 667.5 and 1192.7 of the Penal Code or any felony conviction involving fraud, deceit, or embezzlement. The business will also not employ as managers or employees any person with any narcotic drug related misdemeanor conviction. The following shall become a condition of maintaining the business license.

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

CERTIFICATION OF LABOR PEACE AGREEMENT

I, _____, certify that the medical marijuana business, if employing two or
(Name of Business/Owner listed in Item No. (1) of the application)
more employees (as defined in the California Business and Professions Code, Section 19322(6)), at the proposed property will enter into, or has entered into, a labor peace agreement and the medical marijuana business will abide by the terms of the labor peace agreement. If the City becomes aware that a labor peace agreement has been violated, I must provide a copy to the City upon request.

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

LBMC SECTION XXX VERIFICATION OF MEDICAL MARIJUANA PROHIBITED ACTIVITY

The undersigned Management Employees, on behalf of the herein Medical Marijuana Business Permit applicant,

_____, declare under penalty of perjury that they have read and understand the attached provisions of Long Beach Municipal Code (LBMC) Section 5.90, and shall, collectively and individually ensure that neither the Medical Marijuana Business nor its employees and Management Employees shall engage in the following prohibited activity set forth in LBMC 5.90, which states in relevant part that:

- (A) It shall be unlawful for any person or entity to operate, in or upon any property, a Medical Marijuana Business without first obtaining all required State licenses and a business license or permits issued by the City;
- (B) It shall be unlawful for the owner of a building to allow the use of any portion of a building by a Medical Marijuana Business unless the tenant has a valid business license permit, or has applied for and not been denied, a business license permit;
- (C) No pesticides or insecticides prohibited by federal, state, or local law for fertilization or production of edible produce may be used on any marijuana cultivated, produced, or distributed by a Medical Marijuana Business;
- (D) No Medical Marijuana Business may have a drive through lane or drive up window and no Medical Marijuana may be dispensed from a drive through lane or drive up window;
- (E) All cultivation, production, distribution, possession, storage, display, sales or other distribution of marijuana shall occur only within an enclosed area of a medical marijuana business and shall not be visible from the exterior of the business;
- (F) Consultations by medical professionals shall not be permitted at a Medical Marijuana Business nor as a permitted accessory use at a medical marijuana business;
- (G) It shall be unlawful for any of the following persons to have an ownership interest or a managerial responsibility in a Medical Marijuana Business, and no license or permit may be issued to or held by, and no Medical Marijuana Business shall be managed by: (a) Any person until all required fees have been paid; or (b) Any person who has been convicted within the previous ten (10) years of any violent or serious felony as specified in Sections 667.5 and 1192.7 of the Penal Code or any felony conviction involving fraud, deceit, or embezzlement or who is currently on parole or probation for the sale or distribution of a controlled substance; or (c) Any person who is under twenty-one (21) years of age; or (d) Any person who operates or manages a Medical Marijuana Business contrary to the provisions of this Chapter, or conditions imposed on land use or license approvals, or contrary to the terms of the plans submitted with the permit application, or amended as permitted by this Chapter; or (e) A licensed physician making patient recommendations; or (f) A person licensed and permitted to operate pursuant to this Chapter who, while lawfully operating, or who, at the time of application, has failed to remedy an outstanding delinquency for City taxes or fees owed, or prosecuting officer, or an officer or employee of the State or City of Long Beach; or (h) Applicants or entities (including Management Employees) that have a previous record of violating federal or state laws relating to workplace safety, wages and compensation, employee discrimination, or union activity.
- (H) It shall be unlawful to operate a Medical Marijuana Business or to grow medical marijuana outside of an enclosed building;
- (I) It shall be unlawful for any person to transport medical marijuana, except as specifically allowed by this Chapter and State law;
- (J) It shall be unlawful for any Property owner, landlord, and lessee, Medical Marijuana Business employee or Manager or any other person having any responsibility over the operation of the Medical Marijuana Business to refuse to allow, impede, obstruct, or interfere with an inspection;
- (K) It shall be unlawful for any person to cause, permit or engage in the cultivation, possession, distribution, exchange or giving away of marijuana for medical or non-medical purposes except as provided in this Chapter;
- (L) It shall be unlawful for any person to cause, permit, or engage in any activity related to Medical Marijuana except as provided in this Chapter and pursuant to all other applicable local and state law;
- (M) It shall be unlawful for any person to knowingly make any false, misleading or inaccurate statement or representation in any form, record, filing or documentation required to be maintained, filed, or provided to the City of Long Beach under this Chapter;
- (N) No Medical Marijuana Dispensary shall be open to or provide Medical Marijuana to qualified patients or employees between the hours of eight (8) pm and nine (9) am;
- (O) No person under the age of eighteen (18) shall be allowed on the Property, unless that minor is a qualified patient and is accompanied by his or her licensed attending physician, parent(s) or documented legal guardian;
- (P) No Medical Marijuana Dispensary, Management Employee or employee shall cause or permit the sale, dispensing, or consumption of alcoholic beverages on the Property or in the parking area of the Property;
- (Q) No dried Medical Marijuana shall be stored at the property in structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the property;
- (R) Medical Marijuana may not be inhaled, smoked, eaten, ingested, or otherwise consumed on the Property, or in the parking areas of the Property or in those areas restricted under the provisions of Health and Safety Code §11362.79.

(Signature of Management Employee)

(Printed Name & Title)

(Date)

(Signature of Management Employee)

(Printed Name & Title)

(Date)

(Signature of Management Employee)

(Printed Name & Title)

(Date)

IF APPLYING AS AN INDIVIDUAL

Last Name: _____

First Name: _____

Middle: _____

Title(s) or AKA(s): _____

Residence address: _____

Home/Business Telephone: _____

Cell Phone: _____

Email Address: _____

Race: _____ **Sex:** _____ **Hair:** _____ **Eyes:** _____ **Height:** _____ **Weight:** _____

Date of Birth (mm/dd/yyyy): _____ **Place of Birth:** _____

Social Security Number: _____

Driver's License or Identification Card Number: _____

State of Issue: _____

Federal Tax ID Number (if applicable): _____

Seller's Permit Number (if applicable): _____

IF APPLYING AS A PARTNERSHIP

Check One Box:

☐ General Partnership

☐ Limited Partnership/ LLP

Name of Partnership: _____

Federal Tax ID Number (if applicable): _____

Seller's Permit Number (if applicable): _____

Percentage of Partnership

Name and residence addresses of **General Partners:**

Interest:

_____ %

_____ %

_____ %

_____ %

Names and residence addresses of **Limited Partners:**

Interest:

_____ %

_____ %

_____ %

_____ %

Place and date of filing Articles or Certificate of Partnership or Limited Partnership:

Please Note:

Attach certified copies of *Articles of Partnership* or *Limited Partnership*, or other written evidence of partnership status and all amendments thereto this application.

IF APPLYING AS A PARTNERSHIP (cont.)

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

PRINCIPAL PARTNER I

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER II

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER III

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

IF APPLYING AS A CORPORATION

PLEASE ONLY PROVIDE INFORMATION FOR ALL OFFICERS, DIRECTORS, OR SHAREHOLDERS WHO OWN MORE THAN 10% OF THE ISSUED AND OUTSTANDING STOCK

Check One Box: ☐ For-Profit Corporation ☐ Non-Profit Corporation ☐ Limited Liability Corporation/ LLC

(If a Non-Profit Corporation, please attach copies of both State and federal Tax Exemption Certificates)

Name of Corporation: _____

Corporation Number: _____

Date and Place of Incorporation: _____

Location Headquarters: _____

Federal Tax ID Number: _____

Seller's Permit Number: _____

Please attach certified copies of *Articles of Incorporation and By-Laws*, and all amendments to this application.

Name and Residence Address of Corporation Officers (members of the executive board):

Name	Title & Ownership %	Address	Telephone
_____	_____	_____	_____ () _____
_____	_____	_____	_____ () _____
_____	_____	_____	_____ () _____
_____	_____	_____	_____ () _____

Numbers of shares issued by Corporation: _____

Number of share retained by Corporation: _____

Name and addresses of shareholders, if ten (10) or less state also the number and type of shares:

Name, address, telephone number, and email address of agent for service of process designated by Corporation with the Secretary of State of California:

IF APPLYING AS A CORPORATION (Cont.)

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

CORPORATE OFFICER I

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER II

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER III

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER IV

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

Note: This is NOT a Medical Marijuana Business Permit. Do not operate until a valid permit is issued.



CITY OF LONG BEACH
DEPARTMENT OF FINANCIAL MANAGEMENT
BUSINESS RELATIONS BUREAU
BUSINESS LICENSE SECTION

333 W. Ocean Boulevard, 4th Floor • Long Beach, CA 90802 • (562) 570-6211 FAX (562) 499-1097 Email LBBIZ@LongBeach.Gov

**PROPERTY OWNER/ LANDLORD AUTHORIZATION FOR INSPECTION AND RIGHT TO OPERATE A
MEDICAL MARIJUANA BUSINESS**

I, _____, am the legal owner / landlord / lessor of real property located at
(Name of Property Owner/ Landlord) (Circle One)

_____, Long Beach, California. I authorize the Medical
(Address listed in Item No. (4) of the application)

Marijuana Business entitled _____ to operate a medical
(Name of Business/Owner listed in Item No. (1) of the application)

marijuana business at the property, as that term is defined in state law and the Long Beach Municipal Code, for the
specific use(s) of _____

(Land uses(s) set forth in the Medical Marijuana Business application – e.g. cultivation, manufacturing, etc.)

set forth in the Medical Marijuana Business License Application submitted to the City of Long Beach by

_____ and allow the City of Long Beach to enter the property for
(Name of Business/Owner listed in Item No. (1) of the application)

inspection of the property. I further understand that I am responsible for any violation and nuisance activity which may
occur at this property. I declare under penalty of perjury that the foregoing information is true and correct. Executed this
_____ day of _____ 2017, at Long Beach, California.

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)



CITY OF LONG BEACH
DEPARTMENT OF FINANCIAL MANAGEMENT
BUSINESS RELATIONS BUREAU
BUSINESS LICENSE SECTION

333 W. Ocean Boulevard, 4th Floor • Long Beach, CA 90802 • (562) 570-6211

NOTARY ACKNOWLEDGEMENT FORM

The notarized signature of the majority representative owner or owners, as established by deed or contract, of the subject property or properties is required for the filing of this application.
(Additional sheets may be attached if needed.)

On _____ before me, _____ the undersigned,
DATE (WRITE NAME OF NOTARY)

a Notary Public in and for said County, duly commissioned,

personally appeared _____
NAME(S) OF SIGNER(S)

NAME(S) OF SIGNER(S)

☐ personally known to me - OR -

☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

PLACE NOTARY SEAL ABOVE

Notary Public in and for the County
of Los Angeles, State of California

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title of type of Document: PROPERTY OWNER/ LANDLORD AUTHORIZATION FORM

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Title(s): _____ Title(s): _____

MEDICAL MARIJUANA BUSINESS LICENSE **APPLICATION ATTACHMENTS**

In addition to the Medical Marijuana Business License Application, the following list of attachments need to be submitted:

1. Complete interior floor plan on paper no larger than 11" x 17" (multiple sheets allowed) to include the following information:
 - a. Dimensions of interior floor plan.
 - b. Indicate location of all exit doors, widths of doors and panic hardware.
 - c. Principal uses of the floor area including where non-patients will be permitted, private consulting areas, storage areas, retail areas, areas for cash handling and storage, and restricted areas
 - d. Show the separation of the areas that are open to persons who are not patients from those areas open to patients

NOTE: All areas of proposed business site must be disabled access compliant pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act

2. Proof of Worker's Compensation Insurance including the limits of each policy, policy numbers, name of the insurer, effective date, and expiration date of each policy. Insurance must comply with requirements set forth in LBMC 5.90.0230 and LBMC 2.84.040. (Proof may include a "Cover Note" or "Binder").
3. Proof of Liability Insurance including the limits of each policy, policy numbers, name of the insurer, effective date, and expiration date of each policy. Insurance must have aggregate policy limits in an amount not less than \$1,000,000. Insurance must comply with requirements set forth in LBMC 5.90.0230 and LBMC 2.84.040. (Proof may include a "Cover Note" or "Binder").
4. Copy of CA Seller' Permit (for retail businesses only)
5. Copy of your Fictitious Name Filing, if applicable.
6. Corporation, Limited Liability Companies, Limited Liability Partnerships:
 - a. Copy of your Articles of Incorporation
 - b. Copy of your Statement of Information
7. Operating Plan to include the following information (as outlined in the Guidelines packet):
 - a. General Operating Procedures
 - b. Security
 - c. Operational Security
 - d. Facility Security
 - e. Community Service
 - f. Fire Plan
 - g. Labor Relations
8. Proof of Ownership, lease, or, if not owned or leased, the Authorization Form and Notarization found on page 15 and 16
9. Proof Entity is Registered and in Good Standing with Secretary of State and Franchise Tax Board
10. Copy of one (1) valid government issued form of identification for each owner and managing member
11. Copy of Live Scan receipt/completion for each owner and business manager
12. Copy of Labor Peace Agreement (if available)

Attachments

Appendix A: Medical Cannabis Regulations and Safety Act (MCRSA) License Type Combinations
Appendix B: Medical Cannabis Regulations and Safety Act (MCRSA) License Type Descriptions

Appendix A

Medical Cannabis Regulation and Safety Act (MCRSA)

License Type Combinations

MEDICAL CANNABIS REGULATION AND SAFETY ACT

Note: A licensee may only hold a state license in up to two separate license categories. Some exceptions apply.
How to use this chart: Find your license type at the top. Drop down the column to find other allowable licenses.
 Example: If you are a small outdoor specialty cultivator (upper left corner), you would not be able to get testing lab, dispensary or distribution licenses (bottom of first column).

LICENSE TYPE

LICENSE RESTRICTIONS

	Type	1	1A	1B	2	2A	2B	3	3A	3B	4	6	7	8	10	10A	11	12
Type	Description	Cultivation; Specialty outdoor; Small	Cultivation; Specialty indoor; Small	Cultivation; Specialty mix-light; Small	Cultivation; Outdoor; Small	Cultivation; Indoor; Small	Cultivation; Mixed-light; Small	Cultivation; Outdoor; Medium	Cultivation; Indoor; Medium	Cultivation; Mixed-light; Medium	Cultivation; Nursery	Manufacturer 1 (nonvolatile solvents)	Manufacturer 2 (volatile solvents)	Testing laboratory	Dispensary; General	Producing Dispensary; up to three retail sites*	Distribution	Transporter
1	Cultivation; Specialty outdoor; Small																	
1A	Cultivation; Specialty indoor; Small																	
1B	Cultivation; Specialty mix-light; Small																	
2	Cultivation; Outdoor; Small																	
2A	Cultivation; Indoor; Small																	
2B	Cultivation; Mixed-light; Small																	
3	Cultivation; Outdoor; Medium																	
3A	Cultivation; Indoor; Medium																	
3B	Cultivation; Mixed-light; Medium																	
4	Cultivation; Nursery																	
6	Manufacturer 1 (nonvolatile solvents)																	
7	Manufacturer 2 (volatile solvents)																	
8	Testing laboratory																	
10	Dispensary; General																	
10A	Producing Dispensary; up to three retail sites																	
11	Distribution																	
12	Transporter	1	1	1	1	1	1	1	1	1	1	2	2					
Legend	Allowable cross licensure	Distributor must hold a transporter license			Applicant must hold cultivator or manufacturer license first			Prohibited cross licensure			N/A; may hold same license		1 Allowable, but cultivators shall only transport from a cultivation site to a manufacturer or a distributor		2 Allowable, but manufacturers shall only transport medical cannabis and medical cannabis products as follows: (i) Between a cultivation site and a manufacturing site, (ii) between a manufacturing site and a manufacturing site; or, (iii) between a manufacturing site and a distributor.			

* A type 10A licensee may hold licenses for up to three retail sites, one manufacturing premises, and up to four acres of cultivation at one time.

Source: http://www.bmcr.ca.gov/meetings/materials/cross_licensure_guide.pdf

Appendix B
Medical Cannabis Regulation and Safety Act (MCRSA)
Business License Types and Descriptions

- (1) Type 1A, or “specialty indoor,” for indoor cultivation using exclusively artificial lighting of less than 5,000 square feet of total canopy size on one premises.
- (2) Type 2A, or “small indoor,” for indoor cultivation using exclusively artificial lighting between 5,001 and 10,000 square feet of total canopy size on one premises.
- (3) Type 3A, or “indoor,” for indoor cultivation using exclusively artificial lighting between 10,001 and 22,000 square feet of total canopy size on one premises. The Department of Food and Agriculture shall limit the number of licenses allowed of this type.
- (4) Type 4, or “nursery,” for cultivation of medical cannabis solely as a nursery. Type 4 licensees may transport live plants.
- (5) Type 6, or “manufacturing level 1,” for manufacturing sites that produce medical cannabis products using nonvolatile solvents.
- (6) Type 7, or “manufacturing level 2,” for manufacturing sites that produce medical cannabis products using volatile solvents. The Department of Public Health shall limit the number of licenses of this type.
- (7) Type 8, or “testing,” for testing of medical cannabis and medical cannabis products. Type 8 licensees shall have their facilities licensed according to regulations set forth by the division. A Type 8 licensee shall not hold a license in another license category of this chapter and shall not own or have ownership interest in a facility licensed pursuant to this chapter.
- (8) Type 10, or “dispensary,” for the retail of medical cannabis or medical cannabis products. This license shall allow for delivery where expressly authorized by local ordinance, pursuant to subdivision (b) of Section 133.
- (9) Type 10A or “special dispensary status,” for dispensers who have no more than three licensed dispensary facilities. This license shall allow for delivery where expressly authorized by local ordinance, pursuant to subdivision (b) of Section 133.
- (10) Type 11, or “distributor,” for the certification of the content of all medical cannabis or medical cannabis products and distribution licensees. A Type 11 licensee shall hold a Type 12, or transporter, license and register each facility location where product is stored for the purposes of distribution. A Type 11 licensee shall not hold a license in a cultivation, manufacturing, dispensing, or testing license category and shall not own, or have an ownership interest in, a facility licensed in those categories other than a security interest, lien, or encumbrance on property that is used by a licensee. A Type 11 licensee shall be bonded and insured at a minimum level established by the licensing authority.
- (11) Type 12, or “transport,” for transporters of medical cannabis or medical cannabis products. A Type 12 licensee shall be bonded and insured at a minimum level established by the licensing authority.